BECTAVALLARIA

Application or Docket Number

## PATIENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

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		CLAIMS AS	FILED - PART (Column 1)		(Cc'umn 2)			SMALL EMMY Type		or:	OTHER SMALL B	
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ACC	independent Independent	ntation of Mi	JL	L	i clam			X40=		OR	X80=	
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•		(Column 1)		(Colı	<u>ımn 2)</u>	(Colum	n 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	MEST MBER MOUSLY D FOR	PRESE EXTR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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MEN	Independent	۵	Minus	000.		]=		X40=	1	OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDER	VT CLAIM		]			1	·	
•	If the entry in colu	mn 1 is less then t	ha entry in col:	ımn 2. var	ite "O" in co	lumn 3.		+135=		OR	TOTAL	
of the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL  TOTAL  ADDIT. FEE  TOTAL  ADDIT. FEE  TOTAL  ADDIT. FEE												
	The Highest Mun	nher Previously F	id For (T tal o	r Indener	rdent) is the	highest n	number	found in the a	appropriate be	ox in c	olumn 1.	_